

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542500

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		3		1		
3		3		1		
4		3		1		
5	/		/			
6		1		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
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17		3		1		
18		3		1		
19		3		1		
20	/		/			
21		1		1		
22		3		1		
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45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50		3		1		
TOTAL IND.	3		3			
TOTAL DEP.	25	↔	22	↔		
TOTAL CLAIMS	28	████████	25	████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		████████		████████		